

PROB 12B
(12/98)

United States District Court

for

District of Southern Ohio

FILED

DEC 5 2006

JAMES BONINI, Clerk
CINCINNATI, OHIO

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**
(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: **Terrence Watkins**

Case Number: **1:02CR00069**

Name of Sentencing Judicial Officer: **The Honorable Sandra S. Beckwith**
Chief United States District Judge

Date of Original Sentence: **October 10, 2002**

Original Offense: **Bank Fraud, in violation of 18 USC § 1344, a class B felony.**

Original Sentence: **57 months BOP, 4 years supervised release, \$18,118.26 in restitution, and a \$100 special assessment.**

Type of Supervision: **Supervised Release**

Date Supervision Commenced: **November 27, 2006**

PETITIONING THE COURT

- ☐ To extend the term of supervision for years, for a total term of years.
☒ To modify the conditions of supervision as follows:

The supervised releasee shall participate in mental health treatment at the direction of the probation officer, which includes regularly taking any psychiatric medication prescribed.

CAUSE

While in Bureau of Prisons custody, Watkins received a mental health diagnosis of paranoid schizophrenia. Unknown to anyone, he had been hearing voices for years, which have been telling him to hurt or kill other people or himself. He was placed on medication, which appears to be helping. However, he was only given a 30 day supply of his medication by the Bureau of Prisons upon his release on November 27, 2006. He has no form of income and is not enrolled as of yet to receive any form of disability benefits or medicaid. The process to receive disability benefits is very lengthy, so Watkins will need assistance in getting his medication and also needs counseling to help him learn coping skills to deal with his illness.

During our initial appointment, this officer spoke with Watkins about the lengthy process to receive disability benefits. Watkins acknowledged he needs help getting his medication and was amenable to the idea of counseling. This officer discussed the modification process with Watkins, and

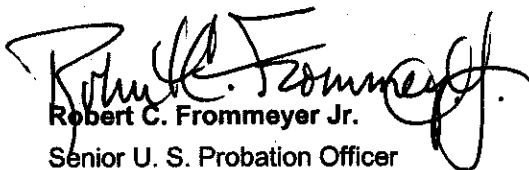
explained to him his rights to consult with counsel before making any decision on the matter and to a modification hearing represented by counsel. Watkins stated he understood his rights, but wanted to waive those rights because the modification was a way for him to get the help he needs. He then voluntarily signed the waiver form.

Based on the mental health diagnosis, Watkins needs for mental health assistance, and his agreement with the modification, this officer is respectfully recommending the Court grant the modification as stated above. Please find the signed waiver form attached to this petition.

Respectfully submitted,

Approved,

by


Robert C. Frommeyer Jr.
Senior U. S. Probation Officer

Date: December 1, 2006

by


John Cole
Supervising U. S. Probation Officer

Date: 12-4-06

THE COURT ORDERS:

- ☐ No Action
- ☐ The Extension of Supervision as Noted Above
- ☒ The Modification of Conditions as Noted Above
- ☐ Other


Signature of Judicial Officer

Date

12/5/06

PROB 49

**UNITED STATES DISTRICT COURT
Southern District of Ohio**

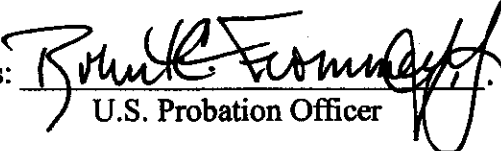
**Waiver of Hearing to Modify Conditions
of Probation/Supervised Release or Extend Term of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel" I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the Court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing. I also understand I have the right to contact an attorney prior to signing this waiver.


I hereby knowingly and voluntarily waive my right to consult an attorney before signing this waiver and I knowingly and voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

The supervised releasee shall participate in mental health treatment at the direction of the probation officer, which includes regularly taking any psychiatric medication prescribed.

Witness:


U.S. Probation Officer

Signed:


Probationer or Supervised Releasee

November 29, 2006

DATE